

# EXHIBIT 10

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Cotte' ALVARADO EFRAIN 55-384-406203

Participant's Address: URB Parque Real Calle Rubi #67 LABAS, PR 00667

Participant's Email Address: yolarive1963@gmail.com

Name of Counsel: \_\_\_\_\_

Address of Counsel: \_\_\_\_\_

Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 17 BK 3283-LTS

Nature of Claim: \_\_\_\_\_

By: Efrain Cotte Alvarado  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

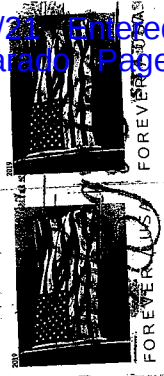
8-26-2021

Date

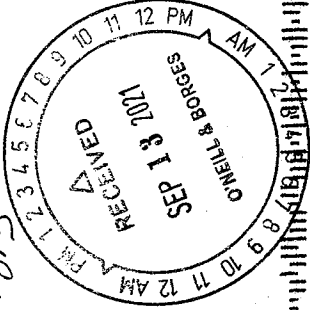
**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

THOMAS LERAIN COTTE ALVARADO  
U.R.D. FARGUE REAL-CALLE RUBI  
#67 LAJAS P.R. 00667

MEMPHIS TN 380  
6 SEP 2021 PM 3 L



b. O'Neill Borges LLC  
250 Muñoz Rivera Ave., Suite 800  
San Juan, P.R. 00918-1813



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